

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552385

FILING DATE

10-7-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5						
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7						
8						
9						
10						
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20	1		1			
21		1		1		
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25	1		1			
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	97	←	26	←		←
TOTAL CLAIMS	100		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

CBW